

<b>Case Number:</b>	CM15-0011159		
<b>Date Assigned:</b>	01/29/2015	<b>Date of Injury:</b>	08/26/2012
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	12/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Arizona, Texas  
 Certification(s)/Specialty: Internal Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 61-year-old female sustained a work-related injury to her left knee and left leg on 8/26/2012. She reports sharp, burning pain in the left knee which radiates to the thigh and down the leg. Progress notes state her diagnoses as left knee meniscal tear, status post left knee arthroscopy and chronic posttraumatic osteoarthritis of the left knee. Previous treatments include Naprosyn, Supartz injections and physical therapy. In 2/14 she received up to 30 sessions of PT for the same complaint with improvement in range of motion. The treating provider requests physical therapy evaluation and treatment, twice weekly for six weeks for chronic knee pain without documentation of new injury or pain. The Utilization Review on 2/22/2014 non-certified physical therapy evaluation and treatment, twice weekly for six weeks, citing CA MTUS Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Physical therapy evaluation and treatment, twice weekly for six weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 98-99.

**Decision rationale:** Passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The use of active treatment modalities instead of passive treatments is associated with substantially better clinical outcomes. Physical Medicine Guidelines state that it should be allowed for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. In this case the patient has received as many as 30 physical therapy sessions which is sufficient to set up a home exercise program. An additional 8 sessions is not indicated.